FIRM NAME _____

CITY OR TOWN _____

MONTH OF _____ 19__

2040405180

SALES INVOICE DATE	SALES INVOICE NUMBER	NAME AND ADDRESS OF FIRM TO WHOM SOLD	NO. OF PACKAGES OF CIGARETTES (30.03)				AMOUNT OF TAX

I hereby certify that the report made by me is true and correct.

Signed _____

Sworn to and subscribed before me, this the _____ day

of _____ 19___

Signed _____

Notary Public

GRAND TOTAL OF TAX: _____

LESS DISCOUNT 7.5%: _____

AMT. ATTACHED: _____

Mail to: State Department of Revenue
Natural Resources & License Tax Division
Tobacco Tax Section
P. O. Box 707
Montgomery, Alabama 36130

OCT 27 '89 11:34 SEC 31/NASHVILLE TN

Source: https://www.industrydocuments.ucsf.edu/docs/zyby0004